

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0035
CUSTOMER NUMBER: 630

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

FY06

United Vaccines Inc

~~2826 Latham Drive~~ 2919 Commerce Park Drive
Madison, WI ~~53740~~ 53719

Telephone: (608) ~~277-2000~~
276-5501

(b)(6), (b)(7)(C)

NOV 22 2006

Oct 1, 2005 - MAY 17, 2006

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquiliz- ing drugs would have adversely affected the procedures, res- ults or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reason such drugs were not used must be attached to this report)	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs	0	0	22	0	22
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
MINK	0	176	0	22	198

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE

(b)(6), (b)(7)(C)

OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

(b)(6), (b)(7)(C)

DATE SIGNED

20/NOV/06

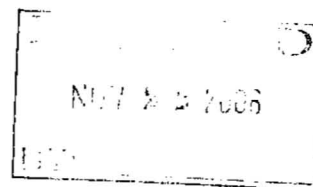
APHIS FORM

8-23 (OCT 88), which is obsolete.)

(AUG 01)

QC12

21 November 2006



ADDENDUM #1

The animals listed in Column E were utilized for safety and potency testing of this firm's products as specified in the following 9 CFR sections:

Regulatory Justification		Description of Study	Species	Number
9 CFR	113.109(c)	<i>Clostridium botulinum</i>	Mink	14
	113.204(b)	Mink Enteritis Virus	Mink	8

Agencies that regulate the testing of biologics generally insist that these tests run their course without interference. In some instances, the symptoms may become protracted. In these cases, we do administer a euthanasia solution at an appropriate state to reduce pain and distress.

(b)(6), (b)(7)(C)

(Registration Number: 35-R-0035)

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ADDENDUM #2

Facility Locations (Sites):

(b)(2)High, (b)(7)(F)

(b)(6), (b)(7)(C)

(Registration Number: 35-R-0035)